

SOCCERZONE REGISTRATION

online information: www.soccer-zone.com

| | | | | | | | | | | | | | | | |
|----------------------|---------------|--|--|---|---|--|--|--|--|--|--|--|--|--|--|
| Player's Name: First | | | | | | | | | | | | | | | |
| Last | | | | | | | | | | | | | | | |
| Sex: M F | Date of Birth | | | - | - | | | | | | | | | | |
| Address | | | | | | | | | | | | | | | |
| City | | | | | | | | | | | | | | | |
| State | Zip Code | | | | - | | | | | | | | | | |
| Phone # (home) | | | | - | - | | | | | | | | | | |
| Phone # (work) | | | | - | - | | | | | | | | | | |
| Email | | | | | | | | | | | | | | | |

We do not sell or share email addresses. We will use them for game reminders and SoccerZone communications.

Soccer Flag Football Dodgeball Lacrosse Other _____

Age as of 7/31/07 _____

Parent's Name (player under 18) _____

Registering as Independent Team House Team Class _____

League _____ Team Name _____ name

Individual: Place me on team with _____

Are you interested in playing goalie? _____

Help coach a house team? (name/phone) _____

Payment (circle) Cash Check Mastercard Visa

Payment Amount \$ _____

Credit Card # _____

Name on card _____ exp date _____

Signature _____

Make checks payable to SoccerZone & send to:

SoccerZone, 3166 Tri-Park Drive, Grand Blanc, MI 48439 • fax: 810-953-4200

PLEASE SIGN BELOW: WAIVER/EXCLUSION CLAUSE: I, the undersigned parent/guardian/participant, in enrolling at SoccerZone, understand that he/she/I in attending any soccer program and using the facilities does so at his/her/my own risk. SoccerZone, and its owners, employees and agents, shall not be liable for any damage whatsoever arising from any personal injury or property loss sustained by participant and his/her/my family in or about any programs on the premises. Participants and parents assume full responsibility for all injuries and damages which may occur in or about any programs on the premises and he/she/I do or does hereby fully and forever release, discharge and hold harmless SoccerZone, all associated facilities and its owners, employees and agents from any and all claims, demands, damages, rights of action, present or future resulting from or arising out of any person's participation in any programs or use of its facilities. In addition, he/she/I agree(s) to follow the rules of play and conduct set by SoccerZone. He/she/I understand(s) that failure to do so may result in suspension from participation. **CONSENT:** I, the undersigned parent of/guardian of/participant verify that they are in good health and I assume the health responsibility for the participant and do hereby grant authority to the staff of SoccerZone to render judgement concerning medical assistance or hospital care in the event of an accident or illness during my absence. I hereby authorize SoccerZone and its assigns to utilize any and all photographs, pictures or other likeness of me as they deem appropriate in its promotional materials.

Signed _____ Dated _____

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| Address | | | | | | | | | | | | | | | |
| City | | | | | | | | | | | | | | | |
| State | Zip Code | | | | - | | | | | | | | | | |
| Phone # (home) | | | | - | - | | | | | | | | | | |
| Phone # (work) | | | | - | - | | | | | | | | | | |
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